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Date 2005-03-11

From William F. Gray

Fax (203) 812-5492 Tel. 203/812-2712

E-Mail William.Gray.b@bayer.com

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PTO/SB/21 (05-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/070,039
	Filing Date	October 22, 2002
	First Named Inventor	Alonso- Alija, et al.
	Art Unit	1625
	Examiner Name	Reyes, Hector M.
	Attorney Docket Number	Le A 33 893
Total Number of Pages In This Submission	4	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	William F. Gray	Customer No.: 35969
Signature	<i>William F. Gray</i>	
Date	11 March 2005	

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	William F. Gray	
Signature	<i>William F. Gray</i>	Date 11 March 2005

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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) LeA 33 893	
Application Number 10/070,039		Filed 10/22/02	
For Novel Dicarboxylic Acid Derivatives with Pharmaceutical Properties			
Art Unit 1625		Examiner Reyes, Hector M.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 <u>\$ 120.00</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 <u>\$</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 <u>\$</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 <u>\$</u>
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 <u>\$</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		CERTIFICATION OF TRANSMISSION UNDER 37 C.F.R. 1.8 I hereby certify that this correspondence, and any papers referred to in this certificate as being attached, are being facsimile transmitted to the United States Patent and Trademark Office on the date shown below. <u>11 March 2005</u> <u>William F. Gray</u> Date Signature of Person Certifying	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3372</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>31,018</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>William F. Gray</u> Signature		<u>11 March 05</u> Date	
<u>William F. Gray</u> Typed or printed name		<u>(203) 812-2712</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

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